



OPERATING GUIDELINES FOR CONTRACTED CHILDREN AND FAMILY PROGRAMS AND SERVICES

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DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

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STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OPERATING GUIDELINES FOR CONTRACTED CLIENT
PROGRAMS AND SERVICES

I. INTRODUCTION TO DSCYF OPERATING GUIDELINES

The operating guidelines contained in this document apply to all contracted child and family service providers of the Department of Services for Children, Youth and Their Families. Because of the range of providers to whom these operating guidelines apply, expectations may vary depending on the size and scope of the organization. Under these guidelines, the Department expects that corporations and 501c3 organizations will have documentation that includes written policies and job descriptions to demonstrate compliance with these guidelines.

DSCYF has a commitment to serving children safely and effectively within the context of family and community. Family is defined broadly to encompass the many types of families, groups of related and non-related individuals, who are members of the child's immediate support network. In planning interventions, DSCYF encourages collaboration among agencies and individuals who are active with the child and family.

- A. **Purpose of this Document:** This document outlines the set of operating guidelines to which DSCYF holds all Delaware and out-of-state client service providers accountable. This document is attached by reference to child and family service contracts and is part of the contractual agreement.

Each Division may include additional requirements within the body of the contract. This document specifies the expectations within the following categories:

- System of Care Principles and Practices
- Administrative, Fiscal and Treatment/Intervention Accountability
- Licensing
- Laws Applicable to the Operation of Programs and Services
- Programs Providing Education
- Child Safety
- Transfer Instruction Sheet for Medication, Medical, Emotional, or Behavioral Information
- Reportable Events and Notification Procedures
- Child/Case Records Maintenance
- Performance Expectations
- Useful Websites

II. SYSTEM OF CARE (SOC) PRINCIPLES AND PRACTICES

DSCYF's strategic efforts are focused on implementing a service delivery system based on System of Care (SOC) principles and practices in partnership with other state agencies, service providers, community partners, and other stakeholders.

DSCYF expects contracted service providers to work in partnership with the Department to integrate SOC principles and practices in services for children and families in Delaware. Services in our System of Care are to be managed so as to be individualized, provided in the most appropriate and least restrictive setting, supportive of continuity of services and treatment, and responsive to the needs of the child and family.

DSCYF's SOC principles require services that are:

- Seamless within and across organizations
- Family driven with family members included as partners on a child's service team
- Child-centered and family-focused
- Appropriate in type and duration
- Culturally respectful
- Community based
- Strength based

Overall, DSCYF's System of Care principles emphasize:

- Organizing intra-agency and inter-agency operations to ensure that coordination occurs and one coordinated System of Care results
- Integrated case management to ensure that each child and family receives, and continues to receive, the necessary set of individualized services and care
- Providing formal and informal services to ensure a comprehensive array of services, including educational, vocational, health, recreational, home-based, mental and behavioral health, and other support services

The goal of our System of Care is to provide high-quality care for children and youth with child welfare, juvenile justice, and mental health needs in ways that lead to improvements in child outcomes, (e.g., reduced abuse and delinquency, enhanced social functioning, better school attendance and performance) and improved family functioning and outcomes.

DSCYF's approach to System of Care can be summarized by: "One Child, One Team, One Plan."

III. ADMINISTRATIVE, FISCAL, AND TREATMENT/INTERVENTION ACCOUNTABILITY

A. Providers must have an administrative infrastructure to support the provision of safe, cost-effective services that achieve positive child outcomes. The articulation of a provider's administrative infrastructure for the Department may include as appropriate:

- clear lines of accountability within the organization with regard to:
 - management of staff and staff activities
 - management of the various levels and/or programs
 - accountability for the provision and documentation of services to children
 - accountability for the oversight of financial activities
- methods for assessing the implementation of accountability for policies, procedures, and practices
- processes for implementing quality assurance and performance improvements based on the assessments of policies, procedures, and practices

B. Policies, Procedures, and Practices:

1. The provider will provide evidence of the implementation of policies, procedures, and practices, as appropriate to the size and scope of the organization, to demonstrate that:
 - policies, procedures, and practices are regularly communicated to staff and are available to children/families/consumers/stakeholders
 - a time-frame exists for the periodic review of policies, procedures, and practices
 - staff and children/families/consumers/stakeholders have been provided the opportunity to periodically review and comment on existing or proposed policies, procedures, and practices
2. The Provider will have policies, procedures, or practices for:
 - a. Ethical Practice: Operating guidelines that address:
 - care and treatment of children and families
 - business practices that include marketing, admission and discharge practices, and billing as applicable to the organization
 - potential for conflicts of interest or appearances of impropriety
 - b. Client Rights and Responsibilities: Documentation must be maintained that children/youth/parents have been informed of their rights and responsibilities in a language they can understand. Policy, procedure, and/or practice requirements will include, but are not limited to the rights or responsibilities to:
 - be treated with respect and with recognition of their dignity and need for privacy and confidentiality
 - be provided with information about the agency, its services, and employees providing those services
 - participate in decision-making as applicable, with regard to the services to be provided.
 - express grievances/complaints about the organization or about the services provided
 - have reasonable visitation by parents, as applicable to the program setting, unless expressly denied by court order
 - have reasonable access to communication with provider staff, supervisors, and administrators and with parents, guardians, caregivers, advocates, and other appropriate individuals external to the agency
 - provide complete and accurate information as necessary for the organization to provide safe and effective services
 - provide for material support for their child, e.g. clothing, grooming and medical attention, as appropriate to the program setting
 - c. Grievance/Complaint Procedures: Operating guidelines requirements include, but are not limited to:
 - procedures and practices for children and families to register grievances/complaints and for the agency to respond in a timely fashion
 - procedures and practices for how grievances/complaints will be documented
 - procedures and practices to ensure a resolution to the grievance/complaint, including appeals as appropriate
 - documentation that children/youth have access to and have received this information

- d. Confidentiality of Child/Case Information/Records and Privacy Rights of Children and Families: Operating guideline requirements (appropriate to the size, scope, and type of organization)--must include, but are not limited to:
- assuring staff will comply with state and federal laws and regulations regarding the handling of confidential child information as applicable to the organization
 - specifying condition(s) under which information on program applicants or children will be disclosed and the procedures or practices for releasing such information
 - policy, procedures, and practices must ensure compliance with DSCYF Policy # 205, Confidentiality of Client Records. (This policy is available through the DSCYF internet site at www.state.de.us/kids/pdfs/pol_dsc205.pdf)
- e. Consent for Service/Treatment: Procedures and practices that assure:
- No minor will be served without documentation of informed, dated, written consent by at least one parent or a person holding legal guardianship and witnessed by another independent party
 - The consent will include specification of the service(s) to be provided
 - If a youth is prescribed psychotropic medication, the Provider will obtain specific informed consent prior to the implementation of said medication regime. At minimum, such informed consent will indicate the drug and dosage, likely benefits, potential risks and side effects.
- Exceptions** to the parental consent requirement in Delaware:
- Pursuant to the Delaware Caregivers Medical Authorization Law, 13 Del. C. Sections 707-708, a relative who is caring for a minor child without having legal custody, may, under certain circumstances sign consent for treatment. Eligible individuals must complete and have notarized a "Caregivers Medical Authorization Affidavit." Information about this law and a copy of the affidavit form is available through the Delaware Division of Aging and on the Web at <http://www.dsaapd.com/delaware2.htm>.
 - DCMHS Crisis Services may perform an initial evaluation of imminent suicidality or homicidality in which the absence of the evaluation could result in serious harm to the child/youth or others. Recommendation for next steps can be made but follow-up treatment by the crisis services cannot be provided without consent. Reasonable efforts to contact parent(s) or legal guardian(s) must be documented.
 - If a minor is in the custody of DFS, a representative of DFS may sign consent for routine medical and mental health treatment. Routine medical treatment includes mental health and substance abuse treatment except for psychiatric hospital and psychotropic medication. Reasonable effort should be documented that the parent has been notified of the child's participation in the service. If a parent who continues to hold parental rights objects to the treatment, DFS must obtain a court order prior to the service being rendered. In the event that DFS signs consent, separate written consent must be obtained for:
 - each level of care, where applicable, e.g., residential and day treatment, emergency services, medical and dental care, client transportation and permission to leave the premises for field trips and other activities
 - Personal arrangements (residential and day treatment) – consents regarding visits, mail, telephone calls, vacations, gifts and family contact

- Pursuant to 24 Del. C. Section 1788, outpatient mental health contractors of the Division of Child Mental Health Services (DCMHS) may provide counseling and support to any minor who is pregnant and has filed or is considering filing an application to waive parental consent for an abortion under 24 Del. C. section 1784.
 - Children age 14 and over may consent to their own nonresidential substance abuse treatment.
- f. Fiscal Accountability – Operating guidelines include but are not limited to:
- standard accounting practices
 - an annual audit report prepared by an independent auditor
 - maintenance of documentation for all services reported to and/or billed to DSCYF

IV. LICENSING

Providers will observe all licensing requirements of the state in which they render the service.

DSCYF contracted programs operating in the State of Delaware are subject to the following regulations.

- All Delaware (in-state) contracted providers, with the exception of nonprofit organizations will possess a current valid business license.
- All programs must comply with applicable health and life safety codes.
- Hospitals and Day Hospitals: Licensed by the Delaware Division of Public Health and must be accredited by Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Residential Programs, including Group Homes and Child Placing Agencies: Must have a valid Delaware license from DSCYF Office of Child Care Licensing (OCCL)
- Day Treatment Programs: Must have a valid Delaware license from DSCYF Office of Child Care Licensing (OCCL)
- Substance Abuse Treatment Programs (Residential and Nonresidential): Must be licensed by the Delaware Division of Substance Abuse and Mental Health.
- Outpatient Counseling and Mental Health Services: Therapists in independent practice must be licensed by their respective regulatory board -- Mental health agencies are encouraged to seek accreditation from the National Council on Accreditation and/or JCAHO.
- All providers operating pharmacies will comply with the regulations promulgated by the State Board of Pharmacy, Drug Enforcement Agency (DEA) and other regulatory groups as applicable.

Providers will notify the appropriate contract manager/administrator within twenty-four hours of any change in licensure status.

Further licensing information and Delaware requirements may be obtained on the Office of Child Care Licensing website: www.state.de.us/kids/occl.htm

V. LAWS APPLICABLE TO THE OPERATION OF PROGRAMS AND SERVICES

Providers will abide by all applicable federal and state laws and regulations.

The following laws and regulations are highlighted for the purpose of emphasizing their importance for DSCYF providers and are not to be considered as an all inclusive listing.

- A. Criminal Background Checks for Contracted Services in Delaware: 31 Del. C. Section 309 requires criminal background checks on “any person employed by the Department (or its in-state Contractors) in a position which involves supervisory or disciplinary authority over a child/youth or in a position which provides the opportunity to have direct access to or contact with a child/youth without the presence of other employees or adults.” The Provider will document that all present program employees have completed the criminal background check in keeping with Delaware’s State Regulations and that all future hires will have begun the criminal background check process prior to beginning the orientation phase of their employment.
- B. Mandated Reporting of Abuse and Neglect
 - 1. Delaware Providers: The Provider will assure that its employees know they are mandated reporters as specified in 16 Del. C. Subsections 901 – 914, and are trained in the Division of Family Services (DFS) reporting procedures. When an employee knows or reasonably suspects child abuse or neglect (intra-familial or in out-of-home care setting), an oral report will be made to the toll-free Child Abuse Report Line by calling 1-800-292-9582. This number is operational 24 hours per day, 365 days per year. Within 72 hours after the oral report, a completed DFS Child Abuse/Neglect Mandatory Reporting Form will be sent to the appropriate regional office of the county of the child(ren)’s residence. At the same time, a copy will be forwarded to the DSCYF Contract Manager.
 - 2. Out-of-State Providers: When a Provider’s employee or agent knows or reasonably suspects child abuse or neglect (intra-familial), an oral report shall be made to the Delaware Child Abuse Report Line by calling 1-800-292-9582. Within 72 hours after the oral report, a completed DFS Child Abuse/Neglect Mandatory Reporting Form will be sent to the appropriate regional office of the county of the child(ren)’s residence. At the same time, a copy will be forwarded to the DSCYF Contract Manager. Out-of-state non-intrafamilial (out-of-home care setting or extra-familial) abuse or neglect needs to be reported to the Child Protective Services agency where the child is placed. The appropriate Delaware DFS regional office and the contract manager should be notified within 24 hours.
- C. Health Insurance Portability and Accountability Act of 1996 (HIPAA): Providers who are covered entities and/or business associates of DSCYF as defined under 45 C.F.R. 162 will observe requirements for confidentiality and privacy of health/behavioral health data as defined in that law.

VI. PROGRAMS PROVIDING EDUCATION

1. **Provision of Special Education:** This section applies to all Providers whose contract includes a special education program. All providers will observe the special educational requirements for the state in which services are provided.

The Delaware Department of Education (DOE), in conjunction with DSCYF and/or Local Education Agency (LEA) representative(s), may conduct either the “Approval of a Private Facility” process and/or monitoring of education services and records documenting the Provider’s educational program. Such Delaware education representatives shall have access to all education service records. The Provider will forward IEPs and other educational reports to the DSCYF Education Office within timeframes stipulated within the Contract.

Providers will comply with the requirements of P.L. 105-17, the Individuals with Disabilities Education Act (IDEA) Amendments of 1997, Final Regulations, if they furnish a special educational program for DSCYF children or youth who are identified as students with disabilities. This means that:

- a student with an identified disability will have an Individualized Education Program (IEP) that meets the requirements of the IDEA
- all special education and related services will be provided in compliance with the IDEA, including the provision of instructional services by a teacher certified in special education
- the IEP will be reviewed and revised within 30 days of enrollment in the special education program for a Delaware program and within 60 days in an out-of-state program. IEPs and updates will be developed with participation of parents, a special and general education teacher, the student, and other participating workers as appropriate. The Provider will send a copy of the fully executed IEP to the parent, guardian, or surrogate parent.
- When it is known or suspected that a student is identified for special education services and in the absence of special education records at admission, the Provider will develop a temporary IEP and schedule appropriate evaluations and/or IEP meetings, to be completed within 30 calendar days following the determination that the child is eligible for special education and related services.

Prior to discharge, Providers will cooperate with identified DSCYF case managers to assure that copies of all relevant educational material produced during the course of treatment at the facility are available to forward to the receiving educational program. These may include but not necessarily be limited to:

- School status
- As applicable, updates to:
 - immunization record
 - recommendations for education/vocational programming
 - report card indicating numerical or letter grades for each subject, teacher comments and dates of enrollment
 - transcript which includes cumulative credits (grades 9 through 12)
 - current achievement/educational testing information
 - current vocational/transition planning for special education students (age 14 or over)
 - current psycho-educational evaluation, if performed by the Provider
 - related service assessments, if performed by the Provider, and service documentation
 - current IEP with documented progress

- current special education evaluation report, including documentation of Eligibility for Special Education Services, if the evaluation was completed by the Provider
- current 504 plan, if applicable.

- B. Provision of Education (other than special education): This section applies to all programs that offer education through home-bound-instruction agreement with a Delaware school district.

Some Delaware programs, e.g., Psychiatric hospital, day hospital and substance abuse day treatment, leverage homebound instruction funds obtained from child's school districts to provide a teacher for the children within the program. The purpose of homebound instruction is to keep a child who is temporarily unable to attend school current with school assignments being provided in his/her regular classroom. In this way, the program teacher is acting as a substitute for the classroom teacher. All programs providing homebound education will:

- assure that children classified as special education are taught in accordance with the current IEP and in collaboration with the special education teacher
- provide progress reports to the special education teacher as appropriate
- participate in IEP meetings as requested by the sending school
- document educational activities and assignments from the sending school, or,
- if children are no longer in school, document efforts to encourage them to pursue GED and/or other vocational training

- C. Continuity of Education: DSCYF contracted programs that provide education will collaborate with DSCYF case managers to ensure a smooth transition can to the receiving educational program by:

- obtaining relevant educational materials from sending school districts upon admission to the program in order to assure that an appropriate educational plan can be developed
- providing the DSCYF case manager with all relevant educational materials produced during the time the child was in the program

VII. CHILD SAFETY

- A. Emergency Preparedness Policy/Plan: The Provider will have an emergency preparedness plan, appropriate to the size and scope of the organization, that will outline immediate and follow-up response procedures to potential accidents, natural disasters or other human-caused emergencies. These plans will include, but not necessarily be limited to:

- immediate evacuation procedures and plans for life safety
- definition of and reporting to work expectations for essential and non-essential staff.
- parental notification procedures
- documentation of routine disaster drills as appropriate to the setting
- documentation of routine testing of emergency equipment
- documentation that staff has been oriented to and received ongoing refreshers on emergency procedures, including the use of universal precautions and first aid applicable to the setting.
- posting of evacuation routes and other procedures applicable to the setting
- guidelines for responding to media inquiries
- plans for shelter, care, and accountability for children in emergencies or natural disasters
- plans for protecting documents in emergencies

- B. Transportation: Providers who transport children will assure that:

- Vehicle operators have current valid drivers' licenses commensurate with the vehicle being driven.
 - Insurance coverage is in place, e.g. a minimum \$500,000 combined single limit liability insurance and \$500,000 general liability insurance for driver and passengers (will provide proof upon request)
 - Vehicles have appropriate licenses and registrations required by jurisdictions within which the vehicles are operated
 - Vehicles have operable safety equipment, e.g. safety belts, child safety seats, etc. and that children use them
 - Vehicles have adequate emergency equipment including first aid kits, spill kits, a regulation size Class B chemical type fire extinguisher placed in easy reach of the driver (with an inspection tag reflecting annual inspections and the extinguisher's pressure gauge visible and readable), plans and or means to make contact with assistance in an emergency, etc.
 - Passenger windows will not be opened more than 50% when children are in transport
 - 15 passenger vans are not used to transport individuals under the age of 18. Vehicles used to transport more than 10 children must meet state and federal specifications applicable to school buses.
 - Children have adequate escort and supervision to ensure their safe transport
- C. Smoking: Smoking is not permitted by any minor in any DSCYF contracted facility, program or vehicle, in any public building, or on any outing with youth. Smoking by adults in designated areas that are away from space used for therapeutic and living activities and recreation may be permitted within private facilities.
- Under no circumstances will program personnel allow the purchase directly or indirectly of tobacco products by minors.
 - Tobacco products will not be used as positive reinforcement.
 - Program staff should act as role models for children by not smoking in their presence.
- D. Child/Youth Violence or Criminal Activity: It is the expectation that providers will have policies and/or practices that prohibit drug sales, other criminal activity, and program participant violence on the premises of the program. All newly admitted program participants will be informed of these policies and/or practices on entry into the program. These policies/practices shall address at a minimum:
- action that will be taken if illegal drugs of any kind are found in the possession of any individual on the premises
 - action that will be taken if alcohol is found to be in the possession of any individual on the premises
 - the definition of what constitutes participant violence and the contingencies for such violence
 - actions that will be taken in response to program participant violence
- E. Restrictive Procedures (Restraint): Under no circumstances will restraint be permitted during program activities other than those specifically authorized by an appropriate regulatory body. For non-licensed providers under no regulatory oversight, physical restraint or restrictive procedures may be used only in instances when the safety of the child, other children in the program, or staff is at risk.
- F. Medication: The Provider will have policies and/or practices in place for all medication, including over-the-counter medication, issued in the program. These policies and/or practices must cover and

provide documentation related to the prescription or ordering of medication; preparation, dispensing, storage of medication; administration or assistance with self-administration of medication; monitoring the effects of medication; continuation of medication; and reporting to other professionals as appropriate or required.

- G. Medical Treatment for Children in Residential Treatment: At the point when approval for admission has been confirmed, the Provider will document with the DSCYF case manager how emergency, psychiatric hospital, and hospital medical care will be approved and reimbursed. In all cases, the provider will use third-party payment, e.g., medical insurance or Medicaid, prior to requesting reimbursement from DSCYF.

VIII. Transfer Instruction Sheet for Medication, Medical, Emotional, or Behavioral Information

The purpose of DSCYF Policy 207, Transfer Instruction Sheet, is to ensure continuity of care for children entering or leaving residential care. The Transfer Instruction Sheet contains the most accurate and current information regarding a child's school, medication, and other medical, emotional, and behavioral information. A copy of Policy 207 can be located at www.state.de.us/kids/pdfs/pol. A Transfer Instruction Sheet should accompany a child when entering residential care, moving from one residential program to another, when returning to the community from residential placement, or going on a home pass or visit. Procedures to be followed in using the Transfer Instruction Sheet include:

- A. All children entering a DSCYF contracted residential placement or foster home should have a Transfer Instruction Sheet accompanying them prepared by the current caregiver or case manager.
- B. All children receiving prescription medication and going on a home pass or visit should have a Transfer Instruction Sheet accompanying them that was prepared by the current caregiver or case manager.
- C. The Transfer Instruction Sheet is completed by the current caregiver or case manager following the Instructions for Completing Transfer Instruction Sheet each time a child leaves or is discharged from a placement. (See Instructions for Completing Transfer Instruction Sheet and Transfer Instruction Sheet below.) An electronic copy of this form can be found on the DSCYF website: www.state.de.us/kids. Click on "Contracts" to reach the Transfer Instruction Sheet.
- D. When a child is receiving prescription medication, the child's current caregiver and the adult or DSCYF employee transporting the child should ensure that the information on the Transfer Instruction Sheet is consistent with the label on the medication bottle. The transporting adult should sign for each medication on the Transfer Instruction Sheet. Medication should pass from adult to adult. The receiving adult caregiver to whom the child is being transferred signs and dates the Transfer Instruction Sheet for each medication that accompanies the child.
- E. The Transfer Instruction Sheet should be completed in triplicate. The original copy is retained by the current care provider (person/agency completing the form), one copy is left with the receiving care provider, and one copy is maintained in the Division case record for the child. A photocopy of the Transfer Instruction Sheet should be provided to any other DSCYF division active with the child.

Instructions for Completing the Transfer Instruction Sheet

The Transfer Instruction Sheet should be completed by the person last responsible for caring for the child. If the child is being transferred from a facility that has a medical provider on staff, the medical provider should review a copy of this form before the child is transferred. No child should be transferred, accepted into a placement, or if being prescribed medication go on a home pass or visit without a copy of this form. If the child is being transferred to a facility that has a medical provider on staff, the medical provider should review a copy of this form as soon as possible.

For a child going on a home pass or visit, items 1, 9, and 15 should be completed as applicable. For a child going into placement, moving between placements, or returning from a placement to a community setting, all items on the sheet should be completed as applicable.

The current caregiver completes the Transfer Instruction Sheet and retains the original copy. One copy is given to the child's receiving caregiver, and one copy should be maintained by the Division responsible for making the placement in the child's case record.

Check at the top of the sheet whether the Transfer Instruction Sheet is for a child entering or leaving a residential placement or for a child going on a home pass/visit.

1. Fill in the child's full name.
2. Fill in child's Personal Identification Number (PID) if known.
3. Fill in child's date of birth.
4. Fill in the name of child's medical insurance carrier and ID # if known.
5. Specify any current medical conditions that the child may have (e.g., asthma, allergies, bronchitis, etc.).
6. Complete the name of the medical provider who made the above listed diagnoses if known.
7. Specify any current psychiatric/behavioral diagnosis the child may have (e.g., depression, oppositional defiant disorder, schizophrenia, etc.).
8. Complete the name of the mental health provider who made the above listed psychiatric/ behavioral diagnoses.
9. List all current medications, dose & time(s) of day the medication is to be administered (e.g., 1 pill before breakfast), number of pills (if in pill form), reason (the condition being treated), the name of the prescribing health care provider, signature of the adult who is transporting the child for each medication, the signature of the receiving caregiver for each medication, and the date the receiving caregiver signs for the medication. **Note**--The adult transporting the child may be the same person as the receiving adult caregiver.
10. List any special precautions or other instructions being taken at the child's current placement (e.g., sleeping on a mat for seizure precautions, special dietary needs, etc.).
11. List child's health care provider, phone number, and date of the last appointment if known.
12. Indicate if the child has been seen in a hospital within the past 30 days. If so, indicate the hospital name, phone number of the hospital if known, date of visit, and reason for the visit.
13. List any scheduled medical appointments the child may have.
14. Provide the name of the school the child attends and what grade the student is in.
15. List the names of individual(s) with which the child should not have contact.
16. Fill in your name and the date you completed the Transfer Instruction Sheet.
17. Fill in your agency's name and address and the phone number at which you can be reached.

TRANSFER INSTRUCTION SHEET

Facility/Placement _____
(Complete all items on form as applicable)

Home Pass/Visit _____
(Complete #1 and #9 and #15 where applicable)

1. Name _____ 2. PID# _____

3. D.O.B. _____ 4. Medical Insurance (carrier and #) _____

5. Medical Diagnoses _____

_____ 6. Diagnosed By _____

7. Psychiatric/Behavioral Diagnoses _____

_____ 8. Diagnosed By _____

| 9. Medication | Dose/Times | #Pills | Reason | Prescribed By | Escorted By | Received By | Date |
|---------------|------------|--------|--------|---------------|-------------|-------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

10. Special Precautions or Other Instructions _____

11. Health Care Provider _____ Last known appointment _____

12. Last medical/hospital visit date _____ Phone number _____

Where _____ Reason _____

13. Scheduled Appointments _____

14. Child's School _____ Grade _____

15. Individual(s) the child should not have contact with _____

16. Form Completed By _____ Date _____

17. Agency Name/Address _____ Phone # _____

Original copy-sending caregiver case record, one copy- receiving caregiver, one copy-Division case record

(Revised 5/9/06)

IX. REPORTABLE EVENTS AND NOTIFICATION PROCEDURES

DSCYF requires prompt reporting of specified significant events affecting the care and well-being of Delaware children. Children in DSCYF contracted programs may be active with only one Division, or with any combination of the following Divisions:

- Division of Child Mental Health Services - (DCMHS)
- Division of Family Services - (DFS)
- Division of Youth Rehabilitative Services - (DYRS)

The following procedures are not meant to preclude the usual agency processes for contacting key individuals such as parents and guardians, police, medical personnel, etc., when incidents occur. In most cases, parents or guardians should be the first point of contact after an incident unless otherwise specified by DSCYF.

All Reportable Events incidents listed below require initial notification either by person-to-person voice contact or by leaving a voice-mail message. Initial notification is to be followed up with a written report using the DSCYF Reportable Event Incident Report for the events listed in D-1 and D-2 within 72 hours of the event's occurrence.

The CONTRACTOR'S child case files shall identify a child's family or guardian contact information and the DSCYF Division(s) case worker(s) and contract manager(s)/administrator(s) names and telephone numbers.

To ensure compliance with these contractual requirements, it is the CONTRACTOR'S responsibility to review the Reportable Events section of the Operating Guidelines with all direct care staff and to place the one-page summary of Reportable Events List and Notification Procedures so that it is readily available to staff members for quick reference.

A. When a Reportable Event report must be made to DSCYF

1. When a Reportable Event occurs in a facility or program that is responsible for the twenty-four hour supervision of a Delaware child/adolescent.
2. When a Reportable Event occurs during a time when a nonresidential program is directly responsible for supervising the child/adolescent, i.e., the child/adolescent is or is supposed to be in the presence of program staff whether in the program office or in the community.

B. When a Reportable Event report should be made to DSCYF

1. When a child/adolescent is open with a *nonresidential* program (formally admitted and not formally discharged) and program employees become aware of an event or incident listed below that requires person-to-person voice contact that occurred at a time other than when program staff were responsible for the supervision of the child/adolescent. This report should be made to the case manager.

C. Types of Reporting to DSCYF: The provider should maintain written documentation of all person-to-person voice contacts or voice-mail message contacts made with the Department regarding a Reportable Event. This record should include date and time of contact, the type of contact (person-to-

person voice contact or voice-mail message), the name of provider staff making the contact, and the name of the DSCYF person contacted.

1. *Person-to-Person Voice Contact (Required for Reportable Events listed in D-1 below):* These reports must have a live person speaking to another live person. Voice-mail messages cannot be substituted for the person-to-person voice contact for these reportable events.
2. *Voice-Mail Messages (Acceptable for Reportable Events listed in D-2 and D-3 below):* If the provider staff member notifying DSCYF of a Reportable Event does not make person-to-person voice contact, the provider staff member may leave a voice-mail message for the DSCYF case manager for Reportable Events listed in D-2 or with the contract manager for Reportable Events listed in D-3.
3. *Written Report:* The CONTRACTOR shall fax or hand-deliver a completed DSCYF Reportable Event Report Form to the Contract Manager within 72 hours for Reportable Events listed in D-1 and D-2. The format for this report is included in this section. An electronic copy of this form can be found on the DSCYF website: www.state.de.us/kids Click on "Contracts" to reach the DSCYF Reportable Event Report Form.

Since the CONTRACTOR may be required to file other written incident reports internally or with other agencies, those forms MAY be acceptable provided that they contain the information DSCYF has requested. *Please secure prior approval from the active Divisions' Contract Manager(s) before submitting alternate Reportable Event forms.*

A DSCYF Reportable Event Report Form does not need to be used for written reports about Reportable Events not involving a Delaware child listed in D-3. In these instances, provide a brief written narrative of the incident containing the relevant information to the contract manager within 72 hours.

D. Reportable Events

1. *Reportable Events Requiring Person-to-Person Voice Contact:* Any of these events involving a Delaware youth active with DSCYF requires live person-to-person voice contact as soon as possible after the event, not to exceed 4 hours. For these events, leaving a message is not acceptable.
 - Child/youth death or death of a contracted program staff member while on duty
 - Injury, illness, or any other incident which requires medical hospital admission beyond emergency room treatment
 - Escape, unauthorized absence, or runaway from any 24-hour residential facility (*See Paragraph F below for additional requirements for DYRS youth*)
 - Alleged sexual assault or rape of or by a Delaware youth
 - Allegation of an incident of institutional abuse of a Delaware youth by facility/program staff member
 - Natural disasters (tornado, floods, etc.) and man-made events such as a bomb threat, bio-terrorism, hostage taking, civil disturbance or riot that have potential for child harm or significant program disruption

2. *Reportable Events for Which Voice-Mail Messages are Acceptable:* While serious, these events usually do not require immediate DSCYF action and/or intervention. For these Reportable Events involving a Delaware child, voice mail message notification is acceptable if person-to-person voice contact cannot be made with either the CMHS or YRS case worker. NOTE: A provider staff contact name and phone number for follow-up must be included when leaving a voice mail message for a CMHS or YRS case manager.

For a child whose primary case worker is a DFS case manager, call the DFS Report Line at (800) 292-9582 to report any of the Reportable Events listed below for which voice-mail messages are acceptable.

- Restraints / Seclusions
- Physical restraint resulting in injury
- Mechanical or chemical restraints
- Medication errors / lapses
- Removal of an employee from duty as a result of a performance issue that may affect security or child safety (i.e., intoxication or drug use while on duty, etc.)
- Arrest of an employee on criminal charges for a offenses that either occurred at the program or involved any program youth
- Contraband
- Infection/illness that may have been caused by conditions in the program facility
- Pattern of self-harm or self abuse
- Child/youth arrest for felony charges or behaviors presenting a safety risk to self or others
- Other events such as community, facility, or employee issues which may or may not relate directly to any Delaware child but could lead to media inquiries or attention

2. *Reportable Events to be Reported Only to the Contract Manager:* When no child from DSCYF is involved, the following Reportable Events shall be reported to the provider's DSCYF contract manager no later than the next business day (voice-mail messages are acceptable) with a brief written narrative summary submitted within 72 hours:

- Allegations of institutional abuse lodged against provider staff member(s)
- Arrests of provider staff member for felonies involving violence against a person(s)
- Charges of DUI of a provider staff member with responsibility for transporting children

E. Instructions and Phone Numbers for Events Requiring Person-to-Person Voice Contact

1. For Reportable Events that require person-to-person voice contact, during regular business hours (8:00 a.m. to 4:30 p.m.) call the child's case worker for a child or youth whose primary case manager is with CMHS or YRS. If the provider staff member does not make person-to-person voice contact with the CMHS or YRS case worker, call the contract manager next. If person-to-person voice contact cannot be made with either of these individuals, then call the designated CMHS or YRS Emergency/After-Hours contact phone numbers.
2. For any child or youth whose primary case worker is a DFS case manager, make all required person-to person voice contacts to the DFS Report Line at (800) 292-9582 both during regular business hours (8:00 a.m. to 4:30p.m.) and after hours, on weekends, or

holidays.

3. To report a Reportable Event requiring person-to-person voice contact after regular business hours, on weekends, or holidays, call the designated DCMHS or DYRS Emergency/ After-Hours contact phone number.

Emergency/After-Hours Contact Numbers for Events Requiring Person-to-Person-Voice Contact

| Division | Required Calls - 1. Contact parents / guardians, police, medical personnel, etc. 2. Contact Division(s) Emergency/After-Hours contact numbers |
|----------|--|
| DCMHS | (800) 722-7710 (in DE) or (302) 995-8365 outside of DE |
| DFS | (800) 292-9582 |
| DYRS | Emergency daytime numbers: (302) 995-8334 or (302) 995-8268 After Hours Administrative Emergency Cell Phone: (302) 353-0334 |

F. Victim Notification Requiring Person-to-Person Voice Contact with Ferris School:

For DYRS youth only, in addition to the case manager, contract manager, or emergency/after-hours contact person, providers must also report escapes, AWOLS, or unauthorized absences from staff secure (Level 4) or secure care (Level 5) facilities to Ferris School at (302) 993-3800 for victim notification purposes. This includes DYRS youth who fail to return from a “home pass” within one hour of the agreed-upon return time, as that constitutes an unauthorized absence.

G. Information to be Included in Initial Telephone Reporting of an Incident:

The contracted staff member calling to report any reportable event should be prepared to give the following information:

1. Staff reporter’s name, job title and phone number
2. Provider/Program name and phone number
3. Child’s/Youth’s name(s) and Date(s) of Birth
4. Date, location, and time of the event
5. Description of event – what happened? Include who, what, how, why, and any available information such as situations existing before the incident, recent changes, attitudes, other contributing factors, etc.
6. What steps or precautions have been taken to re-establish safety or manage the situation? If the incident involved allegations of abuse, what steps have you taken to ensure child safety?
7. Current condition of the child(ren) now?
8. Who has been contacted already? (Parents? Guardians? Other agencies?)
9. Who should DSCYF contact for additional information or follow-up (name and phone #)?

H. Follow-Up Requirements:

Each Division has policies, procedures and requirements unique to that Division. Each event or situation is also unique. Additional communication, follow-up actions, or other special handling beyond the limits of the language and instruction provided in this section may be necessary based on the nature of the individual event, the Contractor's situation, and the Division(s) involved. DSCYF reserves the right to request additional information and/or written follow-up reports regarding corrective actions, administrative investigations, policy or program changes, and safety plans resulting from incidents.

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
REPORTABLE EVENT REPORT FORM**

(Fax or Hand Deliver within 72 Hours of the occurrence of the Reportable Event incident)

| Contract Provider Information | |
|--------------------------------------|---------------|
| Provider Name: | Phone: |
| Address: | State: |

| |
|---|
| Name of Provider Case Worker: |
| Name of Provider Case Worker Supervisor: |

Initials of Child(ren):

(Use child's initials, not name)

DOB(s):

PID(s):

(added by DSCYF)

Reportable Event (as listed Section VIII. D-1 and D-2):

Date of Event:

Time of Event:

Location of Event:

WHAT HAPPENED? (Describe the event—who, what, how)

WHAT WAS DONE? (Describe the actions taken):

WHAT IS THE CHILD'S CURRENT CONDITION? (As of the time this report was prepared)

List Persons Notified:

| | Name | Date | Time |
|--|-------------|-------------|-------------|
| Child/Youth (for medication error) | (Initials): | | |
| Parent(s)/Guardian | | | |
| Foster Parent(s) | | | |
| DSCYF Case Manager | | | |
| DSCYF Contract Manager | | | |
| DE Abuse Hotline | | | |
| Child Protection Agency (other state) | | | |
| Police | | | |
| Other | | | |
| Other | | | |

If alleged behavior or actions (or the lack thereof) by staff contributed to this Reportable Event, what steps are planned (or have been taken) to insure child safety?

If this incident involved a child(ren) receiving non-residential service, give the date and description of the provider's most recent contact with the child prior to this Reportable Event:

| Most Recent Client / Family Contact Information | |
|---|---------------------------|
| Date of last contact: | Time of contact: |
| Person who made the contact: | How was the contact made: |
| Description of Contact: | |
| | |

| Rating of Incident | | |
|--|---------------------|-----------------------|
| Check one: Number of Children Involved: ___ One ___ Two ___ Three or more | | |
| Severity (Place an X in one severity cell) | Single Event | Repeated Event |
| No Harm | | |
| Minimal (or Potential for Serious) Harm | | |
| Serious Harm | | |

Describe any changes that are being considered and/or implemented in the child's treatment plan as a result of this event:

Describe any changes that are being considered in your agency's program, activities, or policies as a result of this event:

I understand the DSCYF has the option of requesting additional and/or periodic written follow-up information regarding corrective actions, administrative investigations, policy or program changes, and/or a written Plan of Safety.

Print Name of Person Completing Report

Reporting Person's Job Title

Signature of Person Completing Report

Date and Time Report Completed

X. DOCUMENTATION AND REPORTING REQUIREMENTS

Providers will submit the minimal data set required for maintenance of the Department's electronic Family and Child Tracking System (FACTS) client data system. Providers will also submit reasonably required data for child outcome studies and program evaluation concerning the providers' program and children/ youth served under this contract.

XI. CHILD/CASE RECORDS MAINTENANCE

- A. Child/Case Records: Providers will keep an individual record appropriate for the level of service

provided for each child that will contain at minimum:

- customary demographic information such as legal name, date of birth, address, telephone contacts including parents, case managers as applicable, start and end dates of service
- critical child information such as allergies, medical conditions, and dietary restrictions as applicable
- emergency contact information
- dated and signed documentation of all services provided within service setting which may include but are not limited to: child assessments, initial and updated treatment/service plans, progress notes, milieu notes, contact notes (case management), discharge summaries, details of emergency events, and use of special procedures as required by regulatory bodies. *Undocumented services are considered not to have been rendered.*

B. Storage, Security, and Disposal: The Provider will have policies and procedures to assure that written, electronic and other records containing confidential child/case information are secure and accessible only by individuals who have a right to the information. Computers containing child information will be in secure locations and information will be password protected.

- Alteration: The Provider will have procedures to control how and under what circumstances records may be altered.
- Retention: Record retention will comply with requirements outlined in the contract.
- Disposal: At the end of the mandated records retention period, records may be disposed in a confidential manner agreed to by the Department.
- Program Closing: If a provider's program, which is fully-funded by the Department and exclusively serves DSCYF children, closes, the provider shall return all child/case records to the Department.

XII. PERFORMANCE EXPECTATIONS

A. Child Outcome Expectations: The Department expects contracted services for children and youth to support its overall goals of safety and positive outcomes for children and youth in provider services. Provider child outcome performance may be evaluated in one or more of the following ways:

1. Percent of children requiring additional service(s) at the same or greater level of intensity or restrictiveness following discharge from a contracted service (within a specified time period appropriate for the contracted service—generally a 6 or 12 month period)
2. Percent of children moving to a more intensive or deeper-end service for more than 3 to 5 days while receiving services from a contracted provider (for example, moving from a community-based to an out-of-home/residential setting).
3. Child safety incidents related to provider service failures/errors

B. Process Expectations: The Department expects providers to be responsive to expectations related to the timeliness of service activities and reporting requirements and to the manner in which services are provided. Provider service delivery process performance may be evaluated in one or more of the following ways:

1. Timeliness of expected/required activities
2. Timeliness, accuracy, and completeness of required reports
3. Child and family satisfaction rates

XIII. USEFUL WEBSITES

Office of Child Care Licensing (OCCL):

www.state.de.us/kids/occl.htm

Request for Proposal (RFP) Website:

www.state.de.us/kids

Click on "Request for Proposal"

Transfer Instruction Sheet &
Reportable Event Report Form

www.state.de.us/kids

Click on "Contracts"

DSCYF Policies

www.state.de.us/kids/pdfs/pol

Division of Aging/Caregiver
Medical Authorization

www.dsaapd.com/delaware2.htm